Stipulated Remediation Grants Grant Disbursement Guidelines June 2008



General

The policies in these *Disbursement Guidelines* (*Guidelines*) apply to Brownfields Stipulated Remediation Grants administered by the Indiana Finance Authority (IFA) through the Indiana Brownfields Program (Program). The following general items apply to all disbursements subject to these *Guidelines*:

- All grant recipients are required to execute a Financial Assistance Agreement (Agreement) with the IFA.
- Brownfields Remediation Assessment Grants are not retroactive.
- Request for payments should not be submitted until the applicable grant conditions, if any, have been satisfied.
- Payment will be made only to reimburse expenses related to activities approved by the Program and included in the Agreement. Invoices and back up documentation are required.
- Satisfactory documentation of compliance with the competitive bidding requirements must be submitted to the Program before grant disbursements will be made. Grant recipients must follow Indiana Code (IC) 5-16-11.1 and IC 36-1-12 when procuring services to be reimbursed with or paid for using grant funds. Additional information about this requirement can be found in the *Guidance on Competitive Bidding*.

Eligible Costs

Costs for performing environmental remediation activities are eligible for reimbursement. Additional information about eligible activities is included in the Brownfields Stipulated Remediation Grant Guidelines. Other important items of note related to eligible expenses include:

- Maximum "mark up" on all subcontractor work and rental equipment is 10%.
- Travel and lodging costs will be paid in accordance with state policy and rates.
 The current in-state lodging rate is \$89/night plus applicable taxes for all areas of the state except Indianapolis, which is \$97/night plus applicable taxes.
 Additionally, as of July 1, 2008, the state mileage reimbursement rate is increasing from \$0.40/mile to \$0.44/mile.
- A maximum of 5% of a grant award may be used to reimburse professional services costs not accounted for in the scope of work. These may include (but are not limited to) the following: application preparation, planning/site meetings, bid package preparation, and coordination with Program staff. These tasks must be related to the site/project that is the subject of the grant award and cannot be used for general marketing or community outreach activities. Detailed accounting of these costs will be required prior to payment.
- For all awards, scopes of work must be submitted on the Scope of Work/Payment Request Form included in these *Guidelines* on page 5 (an electronic version is available at http://www.brownfields.in.gov). Requests for payment must also be submitted on this form and should be accompanied by the appropriate supporting documentation.

Ineligible Costs

The following costs are ineligible for reimbursement unless **approved in writing in advance** by the Program:

- Costs incurred prior to final execution of Agreements, approval of scope of work and work plan, and before receipt of notice to proceed from the Program.
- Per diem/meal allowance.

- Costs incurred outside the grant period (2 year period from the date of execution of Agreements).
- Expenses outside the approved scope of work and work plan.
- Costs incurred as a result of unapproved changes to the approved scope of work and/or work plan.
- Costs incurred while performing field work for which Program project managers have not been provided adequate notice (at least 2 weeks prior to planned field activities).

All reimbursements will be made for items/charges at the unit rates included in the approved scope of work. A Program representative must provide advance approval of any expenses that are shifted between approved items (see Scope of Work/Payment Request Form for more information). If an activity is performed under budget or below the approved amount, the difference may not be used for other activities or in other categories unless approved in advance.

Process

Requests for payment should be submitted using the Scope of Work/Payment Request Form and should be accompanied by all required supporting documentation.

- Invoices should be submitted following the completion of the Work Plan Phase, the Field Phase, and the Reporting Phase. No more than 3 requests for payment can be submitted. Please refer to page 6 of these *Guidelines* for the Stipulated Remediation Grant Payment Schedule for additional information. If a request for payment is submitted prior to the completion of the corresponding milestone, the invoice will be held and will not be paid. The Program reserves the right to request additional information about any payment request.
- All invoices should first be submitted to the Grant Recipient for approval. All
 requests for payment sent to the Program for processing must be accompanied
 by the Disbursement Request Form found on page 7 of these *Guidelines* (an
 electronic version is available at http://www.brownfields.in.gov).
- Submit all invoices for each eligible cost that you are submitting for reimbursement. Invoices should contain a detailed explanation of the work performed. They should identify the nature of the services and/or materials provided, the amount charged for the services and/or materials, the identity of the provider, and the dates on which the services and/or materials were provided. If an invoice identifies subcontractor costs, include a copy of the subcontractor's invoice.
- Submit copy(ies) of written approval(s) for any changes to approved scope of work included in invoices for reimbursement.
- Payments for each Phase, as described in the Stipulated Remediation Grant Payment Schedule, will be triggered by the satisfactory completion of the tasks outlined for that Phase. The payment for the Reporting Phase will follow the issuance of a Site Status Letter, a No Further Action Letter, or other grant completion documentation issued by the Program.

Forms

The following is a list of applicable forms for Stipulated Assessment Grant awards:

 Scope of Work/Payment Request Form page 5; electronic copy at http://www.brownfields.in.gov) Disbursement Request Form (page 7; electronic copy at http://www.brownfields.in.gov)

| | | | | | Approved | Approved | Invoice #1 | Invoice #2 | Invoice #3 | Amount |
|--|----------------|----------|----------|----------|-------------------|-----------------------|----------------|-------------------|----------------|----------------|
| L Catagoni, Damadiation Wark Dlaw / Haakk and Cataty Dlaw / CADD | Quantity | Unit | Unit | Rate | SUBTOTAL | Category TOTAL | (9/28/07) | (8/30/07) | (Date) | Remaining |
| I. Category - Remediation Work Plan / Health and Safety Plan / QAPP | | | | | | \$ - | | | | > - |
| II. Category - Field Phase | | | | | | \$ - | | | | 1 • |
| A. Staff Hours (list hours for each staff separately for this Category) | | | | | \$ - | | | | | \$ - |
| Asbestos Abatement laborers | | hour | \$ | - | | | | | | |
| Supervisor | | hour | \$ | - | | | | | | |
| | | | \$ | - | | | | | | |
| B. Materials and Equipment (list each separately for this Category) | | | Ψ | - | \$ - | | | | | s - |
| B. Materials and Equipment (not each separately for this Outegory) | | each | \$ | - | Ψ | | | | | , V |
| | | each | \$ | - | | | | | | |
| | | each | \$ | - | | | | | | |
| | | each | \$ | - | | | | | | |
| | | each | \$ | - | | | | | | |
| | | each | \$ | - | | | | | | |
| | | each | \$ | - | | | | | | |
| | | LS | \$ | - | | | | | | |
| | | | \$ | - | | | | | | |
| | | | \$ | - | | | | | ı | Τ |
| C. Travel (reimbursed at state rates) | | | | | \$ - | | | | | \$ - |
| Mileage | | mi | \$ | 0.44 | | | | | | |
| Hotel D. Mobilization | | night | \$ | - | c | | | | | I & |
| E. Subcontractors (list all subcontractors separately for this Category) | _ | | | | \$ - \$ - | - | | | | \$ - |
| E. Subcontractors (list all subcontractors separately for tris Category) | | | \$ | | Φ - | | | | | - |
| | | | \$ | | | | | | | |
| | | | \$ | - | | | | | | |
| | | | \$ | - | | | | | | |
| | | | \$ | - | | | | | | |
| | | | \$ | - | | | | | | |
| | | | \$ | - | | | | | | |
| III. Category - Final Report | | | | | | \$ - | | | | \$ - |
| IV. Category - Professional Services (maximum 5%) | | hr | \$ | | | \$ - | | | | \$ - |
| TOTAL | | | Ψ | | | | \$ - | \$ - | ¢ | ¢ |
| TOTAL | | | | | | \$ - | \$ - | \$ - | \$ - | 5 - |
| I, III, and IV are lump sum estimates. | | | | | | | | | | |
| Following Program approval of a scope of work, Program pre-approval is not requ | ired for costs | shifte v | within t | he follo | wing: IIA IIR II | C IID IIF Pre-an | nroval is requ | uired for all o | ther changes | |
| Pollowing Program approval of a scope of work, Program pre-approval is not requ There will be an opportunity to submit up to 3 separate invoices and receive 3 sep | | | | | | | | | | |
| activities: I. II. and III. | Darato paymen | | 1000 | can be | Capitilitica 1633 | noquonity, but no n | ioro onon mar | 1 4.101 1110 0011 | | ionowing |
| Requests for payment must be submitted on this form and be accompanied by a second control of the control | signed Disbur | semen | t Reau | est For | mfrom the Grar | nt Recipient for payn | nent (a separa | te form that is | available as n | art of the |
| Grant Disbursement Guidelines). More information about required documentation | | | 1 | | 2 | | (s. 22pa.a | | | |

Stipulated Remediation Grant Payment Schedule

Invoices should be submitted only following performance and completion of work as outlined below. Formatting for all invoices is described in the Disbursement Guidance.

A. Work Plan Phase

Includes:

preparation, submittal, and approval of work plan identified in Exhibit B of the Stipulated Remediation Agreement

Payment for this phase will be triggered by approval of work plan by the Indiana Brownfields Program.

B. Field Phase

Includes:

- preparation, submittal, and approval of all required notifications, permits, and other required documents
- preparation and implementation of a Health and Safety Plan
- mobilization and demobilization
- performance of remedial activities as approved in work plan

Payment for this phase will be triggered by the completion of field activities and confirmation by the Indiana Brownfields Program of work performed.

IMPORTANT: If quarterly sampling is required as part of your approved work plan and remedial method, invoices can be submitted and will be paid following each quarterly sampling event and confirmation by the Indiana Brownfields Program of satisfactory performance of sampling in accordance with the approved work plan.

C. Reporting Phase

Includes:

• Preparation, submittal, and Indiana Brownfields Program approval of final report (as identified in Exhibit B) summarizing remedial activities and contaminant reduction

Payment for this phase will be triggered by a determination by the Indiana Brownfields Program that remedial goals and objectives of work plan have been achieved. This approval will be issued in the form of a Site Status Letter or No Further Action letter.

INDIANA BROWNFIELDS PROGRAM - DISBURSEMENT REQUEST FORM

Instructions: This Disbursement Request Form is to be typed and completed by the Grant or Loan Recipient for each payment request.

- The Disbursement Request Form is to be used for all eligible costs associated with the Grant or Loan Recipient's brownfields redevelopment project.
- Attach a copy of the claim (a bill, invoice or a statement) supporting this Request.
- Requested amounts must be rounded to the nearest whole dollar.

AUTHORIZED REPRESENTATIVE SIGNATURE

• Attach the Program change order approval if any part of the current claim is a result of a change order.

| Grant or Loan Recipient: Contact Person: Mailing Address: | | | |
|--|--|----------------------|----|
| 4. Phone No.: 5. Email: | () | | |
| 6. Recipient's Authorized R 7. Authorized Representativ | • | | |
| Pay Request No. (Invoice Description of work for w | e No.): hich claim is being made (service, fe | ees, type of, etc.): | |
| 10. Consultant: 11. Contact Person: 12. Mailing Address: | | | |
| 13. Phone No.: () 14. Email: | | · · | |
| 15. Amount of this Request: 16. Original Grant or Loan Amount: 17. Total Amount of Previous Disbursements: | | \$_ \$_ \$_ | |
| 18. Balance Available after | this Disbursement: | \$_ | |
| • | Itiplying the percent of investment ified in the Recipient's Financial Assistance Agree | \$ ement) | |
| required (percentage is ident by the total amount of disbur | | | |
| | <u> </u> | YES | NO |

Date